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## BIB DATA SHEET

CONFIRMATION NO. 8944

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. EIS-5909H (1417G P 984)	
10/748,589	12/30/2003	705	3626		
<b>APPLICANTS</b> Thomas L.C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002 This application 10/748,589 12/30/2003 claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTINE K RAPILLO/ Acknowledged <u>Examiner's signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b>  WI	<b>SHEETS DRAWINGS</b>  59	<b>TOTAL CLAIMS</b>  23	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b> BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES					
<b>TITLE</b> Medical data communication notification and messaging system and method					
<b>FILING FEE RECEIVED</b> 1304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		